

Our State of Inertia: Sedentary Lifestyles Are Target of New Public Health Initiatives on Disease Prevention

Nearly half of adults in Washington State are ignoring one of the surest ways to decrease the risk of heart disease, stroke, high blood cholesterol, high blood pressure, osteoporosis, colon cancer, and non-insulin-dependent diabetes. After a full workday behind a desk, a commute home by car or bus, and perhaps an evening unwinding in front of the TV, it is hardly shocking that so many adults leave themselves vulnerable to these diseases by engaging in less than the recommended minimum of 30 minutes per day of moderate physical activity. Broadly defined, moderate physical activity is any bodily movement that expends energy at a level similar to that of brisk walking (Table 1). Equally alarming, nearly 20% of Washington adults are sedentary and engage in no physical activity.

Health care and public health professionals can find some cheer in the fact that the percentage of physically inactive adults in Washington (48%) is significantly lower than the 58% level of the general U.S. population. Nonetheless, the state has a way to go to meet the Year 2000 goal of less than 42% of adults who are not active at the recommended level and 12% who are sedentary. What is the Department of Health doing to work toward this goal and to

promote better health through increased physical activity? This article offers general information on the epidemiology of physical inactivity, an update on initiatives at the national and state level, and information resources available for health professionals.

Falling Behind Early

Childhood tends to be the time of greatest physical activity, but even youth in Washington State are falling short of minimum activity guidelines. The 1995 Washington Survey of Adolescent Health Behaviors revealed alarming data: 39% of sixth graders and 57% of twelfth graders did not meet minimum physical activity guidelines for their age groups.

The 1994 Washington State Behavioral Risk Factor Surveillance Survey (BRFSS), the source of the data on adults, shows that adults aged 18–24 are likely to be more physically active than their older counterparts. A subsequent lack of physical activity seems to remain consistent over the rest of the life span, and the data showed no statistically significant differences in activity patterns by gender or age group for adults over age 25 (Figure 1, page 2).

Differences in physical inactivity do appear in comparisons of racial, ethnic, and socioeconomic groups. Persons with lower incomes and education levels tend to be more sedentary than those at higher income and education levels. African Americans and Hispanics tend to be more sedentary than whites; however, these racial and ethnic differences may be explained by differences in income and education level rather than race or ethnicity per se. As expected, other less active groups include persons who are overweight or smoke, or who have chronic illness or a disability.

Continued page 2

TABLE 1: Examples of Moderate Physical Activity

Walking 2 miles in 30 minutes (15 min/mile)
Gardening for 30–45 minutes
Social dancing (fast-paced) for 30 minutes
Swimming laps for 20 minutes
Shoveling snow for 15 minutes
Washing and waxing a car for 45–60 minutes

Physical Activity (from page 1)

Turning Point

Physical activity and nutrition programs present a turning point for public health — an opportunity to shift from a disease-specific focus to a multiple risk factor approach for health promotion and disease prevention. The findings that support the benefits of moderate physical activity to health are so strong that the U.S. Surgeon General issued a report on the subject in July 1996. Concurrent with this report, the Centers for Disease Control and Prevention has launched a National Physical Activity Initiative with the following components:

- Distribution of 10 grants to national organizations to promote the Surgeon General's report.
- A guide to public communications about physical activity.
- A communications network for state and territorial health departments.
- A Physician Assessment and Counseling for Exercise (PACE) project.
- Support of behavior and risk surveys.
- A physical activity and nutrition project for adolescents.
- A resource handbook — *Promoting Physical Activity: A Guide for Community Action*.
- Support of an annual Physical Activity and Public Health Research Seminar.
- Support to include physical activity into the National Diabetes Primary Prevention Trial.
- Provision of the Preventive Health and Health Services Block Grants, which can be used to promote physical activity.

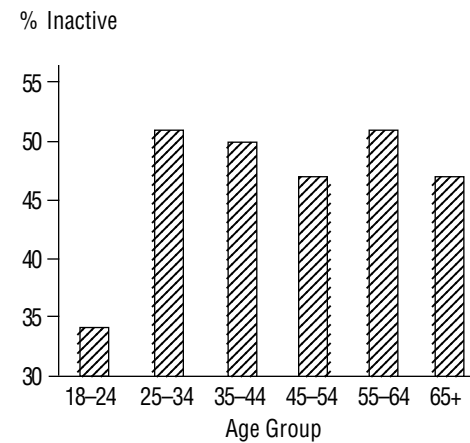
The Washington State Department of Health has recently formed a physical activity work group to address the needs of state residents. The work group is developing partnerships with other public agencies, statewide organizations, and private sector

Recommended Reading

The Health of Washington State (a statewide assessment of health status, health risks, and health systems). Olympia, WA: Washington State Department of Health, September 1996.

U.S. Department of Health and Human Services: *Physical Activity and Health: A Report of the Surgeon General*. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, July 1996.

FIGURE 1: Physical Inactivity Among Adults in Washington State, 1994



Source: 1994 Washington State BRFSS

groups. It will provide technical assistance to local health jurisdictions and their partners, and promote professional education including implementation and support of PACE, a project designed to help physicians, nurses, nurse practitioners, physician assistants, and other health professionals counsel their patients to become more physically active. PACE materials include an easy-to-use manual, three interactive counseling protocols, and a physical activity assessment form. To order a copy of the PACE manual, call 619-594-5949. PACE training opportunities are being planned for 1997 in Seattle (see box) and Vancouver.

For more information on DOH initiatives to promote physical activity, please contact the Office of Noninfectious Disease and Injury Prevention at 360-586-7623. ♦

Chlamydia, Pertussis, Non-A/B Hepatitis Added to Monthly Surveillance Table

Please note some changes for 1997 in the diseases included in the surveillance table on page 3. Non-A, non-B hepatitis (mainly hepatitis C) and pertussis replace *Campylobacter* and *Giardia*, while *Chlamydia* replaces syphilis. Since the last syphilis outbreak in 1989, the number of cases of early syphilis has declined, with only 14 reported in 1996. *Chlamydia* is the most commonly reported sexually transmitted disease in Washington and has averaged more than 11,000 cases per year since the disease became reportable in 1987.

Conference on Promoting Physical Activity: April 23-24

A conference on "Promoting Physical Activity for Better Health: Helping Patients Become Physically Active for Life," is scheduled for April 23-24, 1997, at the Shoreline Conference Center in Seattle. Sponsored by: University of Washington schools of Nursing, Medicine, and Public Health and Community Medicine, the Washington State Department of Health, the Arthritis Foundation, and the American Heart Association. For information, call 206-543-1047.

Monthly Surveillance Data by County

January 1997* – Washington State Department of Health

(See page 2 for explanation of changes to table.)

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead§
Adams	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Asotin	0	0	0	0	0	0	0	0	0	5	0	0	0	0/0
Benton	0	0	0	0	0	0	0	0	1	14	2	4	1	0/#
Chelan	0	0	0	0	0	0	0	0	0	5	0	0	0	5/5
Clallam	0	0	0	0	0	0	0	0	0	6	0	0	0	0/#
Clark	0	0	0	0	0	0	0	0	2	27	4	3	2	0/#
Columbia	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Cowlitz	0	0	0	0	0	0	0	0	1	3	0	0	0	0/11
Douglas	0	0	0	1	0	0	0	0	0	3	0	0	0	0/0
Ferry	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Franklin	0	0	0	0	0	0	0	0	1	9	1	0	0	0/#
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	0	0	0	0	0	0	1	13	0	0	0	0/0
Grays Harbor	0	0	0	1	0	0	0	0	1	16	2	0	0	4/6
Island	0	1	0	0	0	0	0	0	0	11	0	0	0	0/#
Jefferson	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
King	0	1	2	4	0	0	4	2	7	261	78	14	2	1/33
Kitsap	0	0	0	0	0	0	0	0	0	53	12	0	0	1/24
Kittitas	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Klickitat	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Lewis	0	0	0	0	0	0	1	0	0	2	0	0	0	0/0
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Mason	1	1	0	0	0	0	0	0	0	8	1	0	0	0/#
Okanogan	0	0	1	0	0	0	0	0	0	0	0	0	0	0/0
Pacific	0	0	0	0	0	0	0	0	0	4	2	0	0	0/0
Pend Oreille	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Pierce	0	0	0	0	0	0	1	0	3	113	57	1	0	0/87
San Juan	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Skagit	0	0	0	0	0	0	0	1	0	11	1	1	0	0/6
Skamania	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Snohomish	0	0	0	1	0	0	0	0	1	49	6	1	0	0/16
Spokane	0	0	0	1	0	0	1	0	2	55	28	11	0	3/19
Stevens	0	0	0	0	0	0	0	0	0	5	1	0	0	1/#
Thurston	0	2	0	0	0	0	0	0	2	22	6	3	0	0/#
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	0	0	0	0	0	0	2	17	1	1	0	1/11
Whatcom	0	0	0	0	0	0	0	0	0	24	0	0	0	2/7
Whitman	0	0	0	0	0	0	0	1	0	10	1	0	1	0/#
Yakima	0	1	1	1	0	0	0	0	2	45	3	3	0	2/17
Unknown														0/1

Current Month	1	6	3	9	0	0	7	4	26	802	206	42	6	20/260
January 1996	1	11	11	22	5	2	5	3	20	887	268	54	10	10/341
1997 to date	1	6	3	9	0	0	7	4	26	802	206	42	6	20/260
1996 to date	1	11	11	22	5	2	5	3	20	887	268	54	10	10/341

* Data are provisional based on reports received as of January 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

The United States Environmental Protection Agency has a website providing information about indoor and outdoor air quality, pollutants, and regulations: <http://www.epa.gov/oar/>

Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

EPA Proposes Tougher Air Quality Standards for Particulates

The federal Environmental Protection Agency has proposed revisions to the 1987 national air quality standards for particulate matter (PM) and ozone. EPA proposes the addition of a new standard for smaller-sized particulates and a revised standard for larger particulates. EPA estimates the tougher standards would cost about \$7.2 billion to implement but would save \$70–143 billion in health care and related costs by greatly reducing premature deaths, respiratory-related hospital admissions, incidents of aggravated asthma and respiratory symptoms, chronic bronchitis, and certain childhood illnesses. Some critics have questioned the scientific support for the proposed standards and the economic benefits. The EPA welcomes public comments, which must be submitted by March 12. For information, call Mischa Vakoc at the Seattle Regional Office, 206-553-8578.

The Washington State Department of Health is collaborating with the Department of Ecology to prepare a joint agency comment supporting efforts to reduce ambient air levels of particulates so as to improve respiratory health and reduce mortality for the people of Washington. The department also supports continued research to better describe the health effects associated with exposure to fine particles and to develop methods to reduce those risks. For information, call Harriet Ammann, Ph.D., senior toxicologist, at 360-586-5405.

Measles Outbreak in British Columbia

British Columbia health authorities have reported a measles outbreak in the Vancouver area that totaled 76 cases as of February 11. About 70% of cases were linked to Simon Fraser University. Given the frequent contact between educational institutions in Washington and British Columbia, staff in Washington colleges and universities should be on the alert for measles. Physicians should immediately report possible cases to the local health department. Symptoms are fever of 101°F or more, cough, coryza, or conjunctivitis, with a generalized rash lasting three days or longer.

The Washington State Department of Health urges that all colleges and universities, both public and private, review their emergency contingency plans for communi-

cable disease control. DOH recommends requiring two doses of measles vaccine for matriculation. Educational institutions without such a matriculation requirement should consider implementing one.

Flu Vaccine Is Recalled

Parke-Davis, a division of Warner-Lambert Company, voluntarily recalled all remaining lots of its influenza vaccine (Fluogen®) on February 12 because the potency has declined. The safety of the vaccine was never in question. Given that flu season will soon end and that the incidence of cases has subsided in Washington and throughout the nation in the last few weeks, the Washington State Department of Health recommends that persons who received the Fluogen vaccine NOT be revaccinated.

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epiTRENDS
P.O. Box 47812
Olympia, WA 98504-7812



epiTRENDS
is published monthly by
the Washington State
Department of Health.
Bruce Miyahara, MHA
Secretary
Mimi L. Fields, MD, MPH
Deputy Secretary and
State Health Officer
Paul Stehr-Green, DrPH, MPH
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